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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

MAY, 1873.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the ewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

DIASTASIS OF THE HEAD OF THE FEMUR AND ARTIFICIAL HIP-JOINT.*

BY LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery, Bellevue Hospital Medical College.

On the 5th of January, 1873, E. M. J., female, aged four years, of Poughkeepsie, N. Y., was brought to me with the following history.

On Christmas, 1870, being then twenty months old, and a very active, robust child, and having walked for three months, was left by her mother for about two hours in charge of the nurse. On her return the child was found lame in the left leg, which was shortened and slightly turned in, and has not been able to walk upon it or touch the floor since. The nurse insisted with great positiveness that she had received no fall or other accident during the mother's absence, and that she had not been out of her sight a single moment.

*Read before the Medical Society of the State of New York, and recommended to be published in the Transactions of the same. Published in advance by permission.

The child being too young to contradict this statement, it had to be received for what it was worth.

As the parents were then living in London, the child was carried to the different hospitals and examined by various surgeons, who pronounced it a case of hip-disease, and advised leeching, blistering, and rest. The limb gradually contracted, adducted, and rotated, until in the course of a year it gradually assumed its present condition, as seen in fig. 1, which it has retained until the present time.

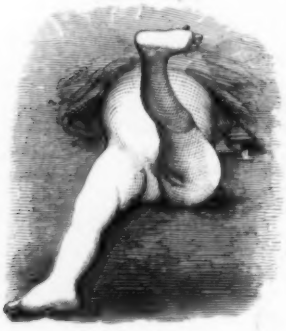

Fig. 1.

The parents moved to America in 1872. The child was taken to two of the public institutions of this city, where it was pronounced to be in the last stages of hip-disease. It was then sent to me for exsection of the hip-joint. Upon examination I found her to be a very robust and remarkably healthy child, and born of healthy parents. Upon stripping the child and laying her upon the floor upon her back, so that the spinous processes would touch the floor, while at the same time a line drawn from the center of the sternum over the umbilicus to the center of the symphysis pubis was crossed at a right-angle by a line drawn from one anterior superior spinous process to the other. In this position, the pelvis and trunk being held in their normal relation, the right leg could be extended straight with the body until the popliteal space touched the floor, while the left was standing at a right-angle with the body, slightly adducted, and rotated outward, nearly one half upon its axis, so that the heel was pointed in a line over the right shoulder, and the foot in the opposite direction. In this position the limb was permanently fixed and apparently anchylosed, as seen in fig. 1, from photograph by O'Neal.

There was no pain or tenderness around the joint upon the most severe pressure, and the mother said that there had not been for a year past. The child would bump herself along on the floor upon her bottom as fast as most children would creep, and this was her mode of locomotion. When standing up the thigh was at a right-angle with the pelvis, adducted across the upper third of the opposite thigh. The back was strongly curved at the junction of the dorsal and lumbar vertebræ, but not sufficiently to enable the foot to touch the floor. (Fig. 2.)

Fig. 2.

There has been no suppuration about the joint, abscesses, or other evidences of carious disease of this articulation. The prominence in the gluteal region, which had been mistaken for an abscess, was caused by the projection of the trochanter major, which upon examination by Nelaton's test* proved to be an inch above the line, indicating that there must be either a fracture or luxation.

The outward rotation of the foot contra-indicated luxation on the dorsum of the ilium, and there was therefore nothing

* Nelaton's test consists in drawing a line from the tuberosity of the ischium, around the outer part of the thigh, to the anterior superior spinous process of the ilium of the same side. In the normal relation of the parts this line passes directly over the top of the trochanter major. Any deviation from this condition indicates an abnormal position of the natural relation of the parts. In fracture of the neck or luxation on the dorsum ilii the trochanter major will be above the line. In luxation into the foramen thyroideum the trochanter will be below the line.

left in the diagnosis but fracture through the neck, or its equivalent in a young subject, *diastasis*, or separation of the head from the neck at its epiphyseal junction.

The suddenness of the occurrence, the entire history of the case, and its present condition confirmed this opinion. The child was placed under chloroform, and with some force limited movements could be obtained, showing that anchylosis had not occurred.

A pair of wire breeches were ordered for her; and on January 22, 1873, at Bellevue Hospital, in the presence of the class, I put her under chloroform and subcutaneously divided the adductor longus, gracilis, and tensor vaginæ femoris muscles, closed the wounds with adhesive plaster, and with some little force broke up the adhesions, and brought the limb parallel with the other, and nearly of the same length. She was then placed in the wire breeches, which had been well padded, the well limb straightened so as to bring the foot firmly against the foot-piece, while the anus had been secured in its proper place for defecation. The limb was then secured by a roller from the foot up, with a piece of pasteboard over the leg and thigh, to keep the knee from bending, so as to make that limb a solid column against the foot-board for counter-extension.

Fig. 3.

The deformed limb was dressed by placing strips of adhesive plaster on each side from just above the ankle to the middle of the thigh, and secured by a well-adjusted roller from the foot up, leaving a few inches of the plaster on either side of the lower extremity, which were pinned around the foot-board which had been screwed up to meet the shortened limb. A few turns of the screw readily brought the limb

Fig. 4.

down to the desired length, and it was secured to the other leg of the wire breeches by a roller, and the dressing was complete, as seen in fig. 3.

She was sent home to her boarding-house in a little hand-carriage, and has been out riding every day, notwithstanding the inclement weather, without the slightest inconvenience. She returned to the hospital on January 29th. The wounds

had entirely healed without suppuration, only a very slight echymosis existing around the puncture over the tensor vaginæ femoris. She was re-dressed completely with the exception of the adhesive plaster on the extended limb, the limbs washed, passive movements given to all the joints, and replaced in the wire breeches, as before, for another week.

February 4th, applied my splint for extension. (See fig. 4, from photograph.) This case of course is not sufficiently complete to prophesy its ultimate result; and my only excuse for bringing it thus early before the profession is to enable me to present you the only similar case that has come under my observation in which, having obtained the specimen by the death of a patient from another disease, I am permitted to show the practical benefit of the treatment here described, and which I have not before published.

J. H., aged four years, 72 North Moore Street, a robust boy of healthy parents, was brought to me in December, 1860, presenting almost identically the position and history of the child above described. He had fallen down the cellar steps when twenty-two months of age, and when picked up his leg was found to be a little shorter than the other, and he was unable to use it. The deformity was so slight that but little attention was paid to it for many months, when his leg was observed to have gradually contracted until it had assumed almost exactly the position as seen in fig. 1 above described. He had been seen by various dispensary doctors, most of whom had looked upon it as a case of contraction from rheumatism, and treated it accordingly by internal remedies and external lotions, but without benefit.

Diagnosticating the case as one of diastasis with deformity from muscular contractions, I treated him precisely in the manner described in the first case, with the exception that the extension splint at that time was only applied to the outer side of the limb, and extended nearly to the ankle-joint, thereby obstructing the motions at the knee. The great

advantage of the splint I now use over the long one which I formerly employed is that it permits motion of this joint. He used the long splint, with crutches, for nearly two years; when having devised my short splint, which is now in general use, it was applied and worn for about eighteen months, but for most of the time without his crutches as well as with them.

The motions of his hip-joint were almost complete in flexion and extension. Abduction was about one third the normal movement; and adduction not quite normal, although he could cross his legs with tolerable freedom. The limb was an inch and a half shorter than the other, and not so well developed, and the trochanter major was nearly an inch above the line by Nelaton's test; but as it remained in this position when the splint was removed, and he bore his weight upon the limb, the case was considered cured, and no further treatment applied. With a slight lift upon the heel of his boot, to supply the deficiency in the length of his limb, he was enabled to run and play almost as actively as any of his schoolmates.

He died in 1866 (nearly six years after the operation) of peritonitis from cholera morbus; and I was fortunate enough to get a post-mortem examination and obtain the following specimen (see fig. 5), which is the ilium of the diseased side. You will observe the acetabulum (*a*) is irregular, contracted, and triangular in shape. It was filled by the remnants of the head of the femur, which almost exactly fitted it. A new acetabulum (*b*) has been formed upon the dorsum of the ilium, which is surrounded by an exostosis of sufficient depth to make a buttress, which prevents the femur from gliding further upward. To its crescentic edge was attached a dense, firm ligament, which also embraced the trochanter major, and which

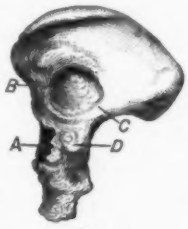

Fig. 5.

allowed a very free and smooth motion between the bones. A portion of this new acetabulum, as seen at *c*, is eburnated and very highly polished, and almost exactly corresponds with the portion of the neck of the femur which fitted against it, and was similarly eburnated and polished. No membrane or articular cartilage lined this cavity or covered the end of the femur which rested against it. The motion between the two was like that between two polished ivory surfaces or porcelain plates. Just opposite the original acetabulum is a small, smooth facet, where the end of the femur must have rested for some time previous to my operation on the tendons.

As this is the best specimen of artificial hip-joint which I have seen, I have thought it worthy of presenting to the State Society.

TWO CASES OF CEREBRO-SPINAL MENINGITIS.

BY GEORGE N. MONETTE, M. D.,
Visiting Physician to the Charity Hospital, etc., New Orleans.

CASE I. Araminta, colored, aged fourteen years, came under my observation, February 18th, suffering with a most excruciating cephalodynia, transient paroxysms of pain in the lower extremities and lumbar spine, an accelerated pulse, great heat and dryness of the cutaneous surface, coated tongue, some dysphagia, and constriction and rigidity of the muscles of the neck. She evidently was a victim to malarial poison, for which I ordered

℞. Quiniæ sulphatis, ... ℥ ss;
Acidi sulph. aromat., . . . ℥ i ss;
Spts. ætheris nitrosi, . . . ℥ ij,
Aquæ camphoræ, ... ℥ v ss.
M. S. Table-spoonful every two hours.

Quinine having been clearly proven to be a potent sedative, the above compound had the desired remedial effect in arresting the frequency of the pulse, altering the condition of the skin, and more particularly in alleviating her intense agony.

On my second visit I found her complaining so bitterly of the rigidity of the cervical muscles that I ordered the topical use of the officinal *linimentum camphoræ*, warmed, and directed the administration of a dose of ol. ricini. I increased the dose of each of the medicines ordered previously, viz.:

℞. Quiniæ sulph., ... ℥ ij;
Acidi sulph. aromat., . . . ℥ ij;
Spts. ætheris nitrosi, . . . ℥ ss;
Aquæ camphoræ, ... ℥ v.
M. S. Table-spoonful every three hours.

There supervened a rapid subsidence of the symptoms upon taking the above. The family asked me to discontinue my visits until her condition should necessitate my services, which were needed on the 29th instant. I found her condition much aggravated, with well-developed opisthotonos, photophobia, delirium, dysphagia, increased heat and dryness of skin, attended with spasmodic transmissions of nerve influence, nervous twitchings, tremulous tongue, and excessive hyperæsthesia and irritability, for which I ordered the following, viz.:

℞. Chloral. hydrat., ... ℥ iv;
Potassii bromidi, ... ℥ ij;
Syrupi zingiberis, ... } āā ℥ ij.
Aq. menth. pip., ... }
M. S. Table-spoonful every three hours.

The combined symptoms were alleviated by the above. On March 1st (next day) another paroxysm (febrile) manifested itself, whereupon I discontinued chloral and gave quinine, as follows:

℞. Quiniæ sulph., ... ℥ ss;
Morph. sulph. syrupi, . . . ℥ ij;
Potassii bromidi, ... ℥ ij;
Aq. menth. pip., ... ℥ iv.
M. S. Table-spoonful every three hours.

Though the fever abated, the opisthotonos continued, when I gave the following, viz.:

℞. Liquoris ammoniæ acetatis, . ℥ ij ss;
Morph. acetatis, ... gr. ij;
Spts. ætheris nitrosi, . . . ℥ ss;
Spts. lav. comp., ... ℥ j;
Aq. camphoræ, ... ℥ iij.
M. S. Dessert-spoonful every three hours.

I also ordered a blister six by four inches to be applied on neck beneath the occipital protuberance. Slight vesication relieved the cervical pain. This blister was re-applied for three days successively for a few minutes each day. One bedsore formed on right nates. A circular pad or ring padded, warm water and castile soap, with local use of ol. ricini, soon healed the wound. I observed that the smallest quantity of beef-tea provoked a return of the tetanic spasms, so she was sustained with farinaceous articles—broth, chicken, and rice-water—and gradually resumed her ordinary regimenal indulgence. She recovered without any symptoms of nerve lesion. Her prostration was extreme, but she soon rallied and was well again; no faculty impaired in any degree whatever.

Case II. A boy, fifteen years of age, an acrobat, came under my observation, with excessive muscular tenderness, with same symptoms as Araminta. The boy was kept on chloral (ten grains at a dose), with quinine in fourteen-grain doses, before accession of fever. His opisthotonos was of an intermittent character, and at the same time better marked. He recovered.

Meningitis seems to be induced by the deleterious influence of malaria, impoverishing the blood or promoting dyscrasia, and ultimating in serous effusions or subacute inflammatory tendency. I deem quinine and morphia, and perhaps chloral, highly indispensable in the treatment of such complications.

New Orleans.

THE CAUSE OF BLINDNESS IN NINETY EYES.

BY DUDLEY S. REYNOLDS, M. D.

In searching for statistical records of the cause of blindness I have been singularly unfortunate. I have now in my possession one or more copies of the annual reports of the several institutions for the blind in the United States, and I find none of them to contain any satisfactory information on this important point.

To say that one is blind does not always mean that the visual power is wholly lost; for, according both to my own observation and the information obtained from the beforementioned reports, as well as other sources, I find that in institutions for the education of the blind applicants for admission have to show that their vision is so impaired as to prevent their obtaining an education by the use of the visual power. So that by no means all those who are inmates of such institutions are really blind.

Through the kindness of my distinguished friend, Prof. T. S. Bell, President of the Board of Trustees, and Mr. B. B. Huntoon, Superintendent of the Kentucky Institution for the Education of the Blind, I have been permitted to visit and examine the eyes of all the inmates of the institution.

I found forty-five persons, representing ninety eyes. Of this number sixty-four are hopelessly lost. The remaining twenty-six would be more or less improved by operation.

Purulent ophthalmia destroyed twenty-eight of the sixty-four blind eyes—nearly one half. Of those who have lost their vision in both eyes from this cause there are ten. Eight have lost one eye each, with more or less permanent damage to the remaining eye. In most of the eight persons having one eye only partially destroyed iridectomy would restore sufficient vision to enable the subject to go about alone, see

all ordinary objects, and in some sufficient sight to read ordinary type could be obtained.

Irido-choroiditis destroyed twenty eyes in persons who had been the subjects of some one of the eruptive fevers or congenital syphilis. (Four eyes, two cases.)

Accidents, as penetrating wounds, caustic substances, etc., destroyed nine eyes in five persons.

Atrophy of the optic nerve was the cause of blindness in six eyes in five persons.

Sympathetic ophthalmia was the cause of blindness in one eye only.

Congenital cataract deprived six eyes in three persons of the power of vision.

Entropion, with slight superficial ulceration of the corneæ, was the cause of blindness in two cases (four eyes).

Chronic choroiditis impaired two eyes in one person.

RECAPITULATION.

TOTALLY BLIND OR BEYOND HOPE OF IMPROVEMENT.

Cause.	Persons.	No. of eyes.
Purulent ophthalmia,	18	28
Irido-choroiditis,	10	20
Accidents,	5	9
Atrophy of optic nerve,	5	6
Sympathetic ophthalmia,	1	1
	39	64

MIGHT BE CURED OR GREATLY IMPROVED BY OPERATION, ETC.

Congenital cataract,	3	6
Entropion,	2	4
Choroiditis (chronic),	1	2
Total persons,	45	
Eyes impaired by central opacity of cornea from perforation by wound or ulcer,		14
Total number of eyes,		90

The fact that twenty-six eyes out of ninety might be improved, and that at least twenty-eight that are now hopelessly

lost might have been saved by timely treatment, is a strong plea for specialism in medicine.

I am satisfied that the result of carefully-conducted investigations of the causes of blindness on a more extensive scale would make little change in the above figures as to the relative proportion of the various causes. Then, if I am not mistaken in my estimate, it is perfectly certain that the long-established method of treating purulent ophthalmia is extremely unsatisfactory, and the sooner the traditional nitrate of silver is cast aside the better.

There is no excuse for allowing an eye to be sacrificed to a disease that may be so promptly arrested as *purulent conjunctivitis*. Mild astringents and anodynes very frequently applied, almost constantly clearing away the secretion with warm water, and with the occurrence of the slightest haziness or ulceration of the cornea free and frequent evacuation of the aqueous humor, will insure the salvation of nearly every eye so affected.

LOUISVILLE.

EPILEPSY TREATED BY BROMIDE OF POTASSIUM AND SULPHATE OF ATROPIA.*

BY DAVID W. YANDELL, M. D.

Any interest which may attach to the cases that I am about to report will be due rather to the length of time during which they have been observed than to any novelty in the treatment pursued. One case has been under observation for nearly eight years. Another has been seen almost daily for seven years, while no case has been reported which

*The majority of the cases reported in this paper came under my care while I occupied the chair of the Principles and Practice of Medicine in the University of Louisville.

has been under my care for less than three years. The several forms of epilepsy are represented in the group as follows: epilepsia gravior, eleven; epilepsia mitior, one; epilepsia abortiva, one. These several terms are now so generally understood by the profession that I need not do more than mention them here.

Case I. (Ep. grav.) Aged thirty-five; had his first epileptic seizure at the age of sixteen, his second three months after. The attacks slowly increased in frequency. He was treated with many drugs, among others with nitrate of silver, which he used so long and persistently that his skin became of a deep-blue color. He derived benefit from nothing that he took. In July, 1865, his attacks occurred about once in seven days. They were not always of the graver form, but sometimes belonged to the lighter variety; and usually occurred in the day-time, though sometimes at night. They were preceded by a sleepless night or two, accompanied by much depression of spirits.

He was put upon twenty-grain doses of the bromide of potassium three times a day, followed by the hundredth part of a grain of the sulphate of atropia at bed-time. In seven days the dose of the bromide was increased to thirty grains. His nights became more quiet, but the attacks were not averted. At the expiration of seven other days the quantity of the bromide was raised to forty-five grains, and an additional dose of atropia given in the morning on rising. He now went two weeks without a seizure, and when it came it was of diminished violence. The atropia having produced marked dilatation of the pupils and dryness of the throat, the morning dose was discontinued. He now went a month without an attack, and thought it would not have then occurred but for his having over-exerted himself. The paroxysm was very severe. The bromide was now given in sixty-grain doses, and the atropia omitted altogether. The patient thought he was more nervous than before, and the atropia was resumed

with the effect of diminishing the nervousness. As a therapeutic experiment the atropia was again omitted, and resumed with the effect just noted. From that time the two medicines were given continuously for six months, during which period the patient had but one attack, and that a light one. The bromide now seemed to disagree with him, and without any actual symptoms of bromism the medicine became exceedingly repugnant to him. Although it was suspended, and an attempt made to resume it in diminished doses, his aversion to it was not overcome. He had two attacks, both light, within three weeks. A medical friend having suggested the bromide of sodium, he took this in thirty-grain doses, with the effect of preventing a recurrence of his disease. He continued its use throughout the greater part of the year, then omitted it for some months; when, being alarmed by inability to sleep and depression of spirits—prodromes of former seizures—he again resorted to the medicine, and took it for the greater part of another year, at the end of which time he abandoned it altogether. He has not had another attack.

Case II. (Ep. grav.) A delicate young lady, aged seventeen, had occasional seizures, usually at night, for three years. She would remain in bed in a heavy, sleepy, or listless state for twenty-four hours after an attack. No connection could be traced between her catamenia and the epilepsy. Eating late and heavy suppers seemed on more than one occasion to act as the exciting cause. Her attacks now came on at least once a month, and on several occasions, after indiscretions in eating, they had occurred as often as once a week. She was ordered twenty grains of the bromide three times a day, the last dose to be followed by the hundredth part of a grain of sulphate of atropia. She was required to observe early hours for retiring, and to avoid heavy suppers. Ninety days passed without an attack, when a seizure followed after attending a party where she both ate and danced to excess. Thirty grains of the bromide were now given at a dose, and

two doses daily of the atropia; one on rising, the other on going to bed. Within two weeks it became necessary, as in Case I., to omit one dose of the atropia. The medicines were now continued, with but an occasional intermission, for fifteen months, during which time she had no attacks. While on a visit to some friends in a neighboring city she indulged to excess in fashionable dissipation, with the result of developing two light seizures at an interval of seven days. On her return home she resumed the medicines, and took them without intermission for eighteen months. She has had no other attacks.

Case III. (Ep. grav.) A robust farmer, aged twenty-two, had been subject to epilepsy for six years. His first attack occurred while in the harvest-field, and was thought to be sunstroke. His second came on at night, after having eaten abundantly of unripe fruit. From that time his attacks occurred with considerable regularity, about once in two months, for a period of nearly four years. Severe work in the hot sun would make them more frequent. For two years past he has not ridden on horseback for fear of a seizure, having once fallen from his horse into a creek; nor has he been able to do farm-work in the summer months. The same course pursued as in Case II. enabled him to write, six months after it was begun: "I have had no severe attack, and but two slight ones, since I commenced the medicines. I was not aware of having had one of these. It occurred early in the night, after a heavy supper, and I was told of it by my mother." A year afterward, during which time he had taken his medicines with considerable regularity, he wrote that he considered himself cured. Having heard nothing from him now for four years, I infer that he has continued well.

Case IV. (Ep. grav.) A delicate-looking merchant from the lower part of the state has been the subject of epilepsy from his eighth year. He ascribed his first seizure to sudden fright. For several years his attacks were mostly in the night.

From the age of twelve to sixteen he was prevented from going to school by reason of his disease. From sixteen to twenty he grew better, without any reason that he could assign, and thought himself almost well. He now had protracted typhoid fever, after recovering from which the epilepsy returned with all its former violence. He was treated by a number of physicians, but without benefit. His attacks were preceded by an aura, beginning in the epigastrium, which was so prolonged in some instances as to allow time for him to inhale chloroform in sufficient quantities to avert the paroxysm. The bromide and atropia sensibly diminished the violence of an attack which occurred in fourteen days after beginning their use. At the end of three months the seizures became exceedingly slight, the aura disappeared, and eighteen months after commencing the treatment he wrote: "I have been free of my complaint for at least six months; indeed I am not sure that I have had an attack for twelve months. I take one dose of thirty grains of the bromide daily. I use the atropia only when I feel nervous; when my hand trembles, for instance. I think it does me good."

Case V. (Ep. grav.) A young man, twenty-two years of age, epileptic from his youth, had seizures for the past two years weekly, sometimes daily; could not be left alone. The bromide, though exhibited in very large doses, produced no sensible effect, and the patient died one night in a fit.

Case VI. (Ep. grav.) A man, aged nineteen, a farmer, from Tennessee, had several severe epileptic attacks when in his thirteenth year. A course of purgative medicine, with strict attention to his diet and avoidance of exposure to the sun, which during the summer months always gave him pain in the head, prevented further seizures for four years. A change in his family circumstances made it necessary at this time to engage in farm-work, which he commenced in the spring. The following summer, while gathering fodder on a very hot day, he fell down in a fit. The attack was thought to be

sunstroke; but as another and more violent seizure occurred three days after, he was made aware that his old enemy had returned. He had treatment from several physicians, but without sensible effect upon his disease, paroxysms of which continued to recur at intervals of about a month. During the colder months he was able to engage in work on his farm; but with the return of summer he found that exposure to the sun brought his old headaches back, and with them in a short time his old seizures. The bromide of potassium was now given him by his family physician, in ten-grain doses, three times a day, with the effect of relieving his headache, but without lessening either the severity or frequency of his fits, which during the summer solstice occurred once a fortnight, and oftener if he was much exposed to the sun. When the weather became cold his seizures occurred but once a month. The next summer, at which time I saw him, his attacks came on once in three, sometimes once in two weeks. Under thirty-grain doses of the bromide three times a day, and the atropia at bed-time, his headaches, from which he was suffering the greater part of every day, disappeared at once; and the next seizure was postponed thirty-one days, a longer interval than had occurred between any paroxysms for several summers. He ascribed this seizure to having gorged himself one very hot day with melons. The dose of the bromide was raised to forty-five grains. In a letter received from him the following Christmas he says: "I have had one or two severe headaches since I increased the medicine, and think that on at least two occasions I must have lost consciousness for a moment or two; but I have had none of my old fits." He continued the treatment throughout the next summer, and wrote in the fall that he found himself still obliged to avoid protracted exposure to the sun in order to escape his headaches, but he had no other epileptic seizures.

Case VII. (Ep. grav.) A lad from Indiana, aged seventeen, living in the country, well-grown and otherwise healthy, had

been the subject of epilepsy for three years. His mother reported that he had had during his first dentition very many convulsions, and up to the age of ten years had occasional fits after eating indigestible food. For four years his health had been perfect, when one day, while worrying with an unbroken horse in the hot sun, he had a fit. Another recurred in six weeks. His physician ordered him the bromide of potassium, in doses of fifteen grains, three times a day, but without appreciable benefit; his seizures coming on with great regularity once in six to eight weeks, and oftener if he overeat, particularly at supper; sometimes at night, though most frequently in the day-time. Six months of the bromide, in thirty-grain doses, and sulphate of atropia, converted his disease into the milder form, and twelve other months effected a cure.

Case VIII. (Ep. grav.) A paper-carrier, aged thirty-two, the subject of epilepsy from early youth, seldom went longer than three months without a seizure, and occasionally had one as often as once a fortnight. One attack was sometimes followed by a second in two days. If standing, he always fell during his fit, with the effect on a number of occasions of dislocating his humerus into the axilla. The first and second times that I saw him I was called for the purpose of reducing the dislocation. He has now been taking the bromide (in thirty, forty-five, and sixty-grain doses, three times a day) for well-nigh two years, during the whole of which period he has escaped every form of epileptic seizure.

Case IX. (Ep. grav.) A painter fell a considerable height, from a ladder, on his head. He was picked up insensible, and a marked depression of his skull found on the vertex immediately over the longitudinal sinus. On his return to consciousness he was paralyzed on one side. The paralysis slowly diminished, but was succeeded by violent epileptic convulsions. The patient was now sent to me by my friend, the late lamented Dr. Rodman, that he might, if necessary, be trephined. The convulsions were both frequent and severe.

The patient had constant headache, and slight paralysis still remained. The depression of the skull was three quarters of an inch in diameter, well marked, and situated immediately over the superior longitudinal sinus. While debating the propriety, because of its situation, of an attempt to remove the depressed bone, the patient was put upon thirty-grain doses of the bromide of potassium three times a day, under which his improvement was so rapid that all thought of the trephine was soon abandoned. The epilepsy was entirely cured. The hemiplegia continued, but in so slight degree that he was able to resume work.

Case X. (Ep. grav.) A boy of sixteen, brother of Case V., small but very robust, fell senseless one sultry day in the summer, and was thought to have sun-stroke. He was much depressed by the attack, and looked so feeble after it that I gave him quinine. In a little while he had a second seizure as violent as the first, and the supposed sun-stroke turned out to be epilepsy. His attacks were sometimes slight, but generally severe. They occurred fortnightly, sometimes weekly, especially when much exposed to the sun. Twenty grains of the bromide, then increased to thirty, three times a day, with the sulphate of atropia at night, first converted the *grave* into the *lighter* paroxysms, and then reduced the frequency of the latter to once in two or three months. The patient was sent to the country in the autumn, and led until the following spring an active, outdoor life, with the effect of improving his general health in very marked degree. He still, however, continued to have an occasional seizure. Sometimes it would be in the form of a slight and exceedingly transient giddiness, sometimes as a severe headache; and though it at no time assumed the shape of the earlier paroxysms, he was still painfully alive to his condition. He then, as is advised by Voisin, began "almost to live on the bromide;" and in a few months considered himself sufficiently restored to warrant his engaging in business as a clerk, a position which he fills

up to this time, his disease being seemingly kept at bay, if not altogether overcome. He still continues to take the medicines a part of every month, and leads in every sense a temperate life. The patient is confident that he is better with than without the atropia, the medicine seeming to have much control over his nervousness, which invariably grows worse when the drug is suspended.*

CASE XI. (Ep. grav.) A lady from Illinois, the mother of several children, had been a confirmed epileptic from early girlhood. Her attacks seldom occurred oftener than once in two months, but were of extreme violence and very protracted. The bromide in thirty, then forty, and finally in eighty-grain doses, three times daily, with the atropia at night, changed the disease into the milder form; but, though the medicines were continued for more than twelve months, the seizures returned with their accustomed regularity. The patient considered herself greatly benefited, but not cured. She was advised to increase the quantity of the bromide, since which time she has not been heard from.

CASE XII. (Ep. mit.) A girl, aged sixteen, had her first attack of epilepsy when she was twelve years old, her second three months after; and, from that time until I saw her, her seizures were never longer than ninety days apart, oftentimes but thirty, and occasionally only fourteen days. They were preceded by exaltation of spirits, and followed by extreme wretchedness and depression. No cause could be assigned for her disease. She began the medicines as in Case II. The expiration of a month found her no better. The dose of the bromide was raised to forty-five grains, and the atropia given twice in twenty-four hours. She bore the latter medicine for three weeks, when, as in the previous cases, it became necessary to return to but one dose a day. The attacks were

* In this case a distinct aura, beginning in the hand, preceded the attacks for such a time that the patient was frequently able to inhale sufficient chloroform to avert the paroxysm. He says a few whiffs of the anæsthetic are sufficient to ward it off.

evidently milder, but were more frequent. This latter circumstance she attributed to the excessive heat of the weather, close confinement in a small kitchen, and overwork at a cooking-stove. The dose of the bromide was increased to sixty grains, with the effect of reducing the seizures to mere momentary loss of consciousness, oftentimes so slight as to be scarcely appreciable. The bromide was now given in doses of ninety grains, and continued for four months; then reduced to sixty grains for four months, then to thirty grains for four months, then given in half-drachm doses for fifteen days in a month for twelve months, and then abandoned. She had no attacks of any kind after taking ninety grains at a dose, and has remained well ever since.

Case XIII. (Ep. abort.) A lad, aged eighteen years, tall, slender, and delicate-looking, had suffered from convulsive seizures during the period of his first dentition, and had several attacks from his fifth to his eighth year, caused in every instance, it was believed, by gorging on unripe fruit, once by stuffing on orange-peel. From the latter date until his sixteenth year he was free from convulsions, though very excitable and nervous. He was now observed to have one or two convulsions resembling an ordinary epileptic paroxysm, though he preserved his consciousness during the seizures, and denied having been attacked. The paroxysms occurred at gradually lessened intervals until I saw him, when they came on pretty regularly once in three weeks. In some of them the patient completely lost consciousness; in others he preserved it. He was guilty of onanism, and his general health was much deranged. A few weeks of treatment improved the latter, and good counsel induced him to abandon the former. He now began the bromide in twenty-grain doses, three times daily, and took the atropia at bed-time. In less than three weeks he had a slight seizure while excited at a game of ball. The dose of the bromide was increased to thirty grains, and the atropia given night and morning.

His next attack was postponed for seven weeks, a longer time than he had gone without a paroxysm for fifteen months. The atropia having produced some discomfort was omitted altogether for a couple of weeks, when the patient becoming more nervous and excitable than while taking it, he was directed to resume the bed-time dose, and the dose of the bromide was raised to forty-five grains. He had a slight seizure at the expiration of three months, due, I had reason to believe, to his having indulged in his former filthy practice. He was now sent to a hydropathic establishment, from which he returned at the end of four months wonderfully improved in general health, having taken his medicines regularly in the *interim*, and having but one very light paroxysm. The following winter he spent in Florida hunting and fishing, and taking his bromide not, as he admitted, with perfect regularity, but averaging fifteen to twenty days in every month. In the spring he engaged in business, and considered himself rid of his old enemy, though he continued to suffer at times with nervousness. He remained free of epilepsy at least for eighteen months, when he was unfortunately drowned one day while crossing an arm of the sea.

In none of the above cases did the bromide produce any unpleasant symptoms further than in one or two instances an acne, which soon disappeared on the drug being suspended. The largest dose given for any length of time was ninety grains, though in two instances as much as two drachms were given at a time for several successive days. I have thought that if, as has been asserted, syphilis establishes a tolerance on the part of the system of the *iodide* of potassium, epilepsy must do the same in respect of the *bromide* of potassium; for it certainly was a matter of astonishment to see how little disturbance of the general system even the largest-named doses of the medicine produced. Yet, for all this, I am not inclined to follow Voisin* in the heroic doses of the salt

* *Vide* American Practitioner, November, 1871, page 286.

which he often gives. In my own experience I have not found them necessary; nor did I regulate the size of the dose by Voisin's test of the effect of the remedy on the sensibility of the epiglottis. I seldom indeed attempted to ascertain whether or not there was anæsthesia of the fauces. The medicine was given generally a few moments after meals, and usually in water, occasionally in a simple elixir. Diuretics were administered regularly in every case. Purgatives and some of the preparations of iron were found necessary in the large majority. Attention to hygiene, as strict as their surroundings would allow, was enjoined on all, and those cases did best which conformed most closely to the rules laid down for their government. What part the atropia played in the cure it is perhaps impossible to say. It certainly seemed to exert a salutary influence on several of the cases. It is, I think, noticeable how small a quantity of the drug induced its characteristic effects.

LOUISVILLE.

THE HYPODERMIC USE OF ERGOTINE.

BY F. C. CURTIS, M. D.

Cases attended with excessive loss of blood are the greatest source of anxiety to every physician, especially when the hemorrhage is from internal organs. To check these discharges quickly is often a matter of vital importance. Ergotine thrown directly into the circulation has claimed much attention of late, and the following cases and remarks are submitted as an addition to the experience of others. They seem to establish the value of it, or allied preparations of ergot, used hypodermically, although in some cases followed by unpleasant results.

At a recent meeting of the Albany County Medical Society

a paper by Dr. J. B. Stonehouse, jr., of Flushing, Long Island, was read, in which five cases of hemorrhage treated with this drug are detailed. He says:

"About a year ago I became interested, from statements in foreign and domestic journals, in the alleged hæmostatic properties of ergotine. Procuring a quantity of the material I determined to test it as far as my practice permitted. The solution used was in the proportion of half a drachm of ergotine to the drachm of water. The following cases are offered in the hope that they will encourage others to give it a trial, and thus lead to the more extended use which I believe it deserves.

"Case I. W. R., aged thirty-nine, colored, a farm hand, married. His father, two brothers, and two children died of phthisis. Previous health apparently good, with the exception of an occasional slight cough and pain at different points on the chest. About noon, while expending some force in trying to remove a bowlder from a field, he was seized with an attack of coughing, accompanied by faintness and profuse ejection of blood from the mouth. This lasted for some time, gradually decreasing. About an hour after the first attack a second and similar one was excited by an attempt to remove his boots. When I saw him (within an hour) the hemorrhage had ceased, but before I left the house a third attack was brought on by coughing. I injected by hypodermic syringe eight drops of the above solution and left him, enjoining extreme quiet. The next morning, although there had been no other attack, I injected eight drops more, and prescribed an anodyne to allay cough and insure quiet. Three months afterward the man had had no return of the hemoptysis. On the third day after the injection a small tumor, hard and dark-colored, appeared on the site of the operation. This disappeared during the succeeding week.

"Case II. A lady of tuberculous antecedents, aged twenty-one, consulted me concerning an hemoptysis occurring (for a

month past) generally upon retiring for the night, although sometimes happening during the morning. I injected eight drops of ergotine immediately, and prescribed

℞. Syr. scillæ, ... } āā ℥j;
Syr. tolut., ... }
Morphiæ sulph., . . . gr. j.
M. S. One drachm every four hours.

The injection was continued every week for a month with no return of hemorrhage to this day. Fortunately I have been able to watch this case almost every day since the first injection, a period of six months.

"Case III. A lady, aged thirty-four, the mother of two children, aged respectively eight and ten. For two months before I was acquainted with the case she had every week profuse and painful uterine hemorrhage, lasting for one or two days. At my first visit, February 10, 1871, the patient's weight was about one hundred and forty pounds. She was pale and even cadaverous in appearance; pulse slow, feeble, and intermittent. She sleeps during the day, and at night is restless. The flow commences on Friday or Saturday, and lasts till Sunday or Monday morning, existing to a slight degree during the interval. Uterine walls (distinguishable through the abdominal parietes) flabby; os dilated and flabby. Ordered

℞. Quiniæ sulph., ... gr. xxxij;
Tr. ferri mur., ... *m* lxxx;
Syr. zingiberis et aquæ, q. s. ad., ℥ij.
M. S. One drachm every four hours.

Anodyne at ten P. M.; beef-tea, milk punch, etc. Made an injection on the evening of the 11th, the hemorrhage being expected on the 12th or 13th. A slight appearance on the 13th. Continued the injections twice a week, immediately after and before the hemorrhagic attacks. The flow did not appear on the 19th and 20th; no return until the 27th, since which time the menstrual periods have been regular in quantity and duration. The last injection was made on the 21st,

making four in all. The amount used in each instance was ten drops of the above solution. The patient rapidly gained strength and flesh, and now is in possession of perfect health. This case to me is very interesting on account of the extreme debility of the patient, consequent upon the profuse hemorrhage, the speedy and efficient result of the use of the drug, and the complete and satisfactory recovery of the patient.

"CASE IV. A middle-aged woman, the mother of several children, was delivered, as on previous occasions, with instruments. The delivery was followed by an almost unmanageable hemorrhage. In this case the ergotine was given a fair trial, as was also every other preparation of ergot, from the powder to the fluid extract of Squibb, with no satisfactory result. The hemorrhage was at last controlled by kneading, and by this only after long and exhausting efforts. The child was still-born. This is the only failure which I have experienced in the use of ergotine.

"CASE V. A man, aged twenty-nine, has had symptoms of secondary syphilis. He was attacked with hemorrhage, which from the circumstances I believed to be renal in its origin. It was speedily relieved by hypodermic injections of ergotine over the region of the kidneys.

"I regret exceedingly that I have been unable to recall a few other cases which have been quite decided in their lessons; but having made no notes of them at the time, the particulars which would make them of value in this respect are wanting."

Dr. Stonehouse writes me that abscesses did not occur in any of his cases. In one or two a black swelling as large as a small pea was left after the insertion; but this disappeared in a few days, occasioning no unpleasant symptoms. In this his experience does not tally with that of Dr. Wey, detailed below. Dr. J. P. Boyd, jr., says that he saw it used three times a day in a case of uterine fibroid, at Breslau, by Dr.

Freund, *privat docent*, without the occurrence of abscesses. It seems to me, however, a matter of small moment whether they occur or not, if the flow of blood in profuse hemorrhages is stopped and life saved.

The subject of the hypodermic use of ergotine was discussed at the late meeting of the New York State Medical Society. Dr. Wm. C. Wey, of Elmira, gave his experience as follows:

"In a case of uterine fibroids of many years' standing, which had attained such size as to press upon the rectum, producing mechanical occlusion of the bowel, and causing the patient to have excessive hemorrhages, I commenced the injection in the arm of a solution of ergotine, which after six trials was abandoned because of its powerful local and irritant effect. I then used Squibb's fluid extract in the abdominal wall, beginning with ten drops, and increasing gradually every day up to twenty and twenty-five drops. In consequence of the pain attending this operation I combined Magendie's solution of morphia with each dose. Conscious that there was an incompatibility in the use of these articles, I wrote to Dr. Squibb on the subject, and received from him the assurance that they were incompatible, and should not be used in combination, for the reason that all the proper effects of ergot were antidoted by the effects of the morphine. Dr. Squibb at the same time sent me a watery extract of ergot, which he said had properties for this purpose superior to the fluid extract, and which was also of greatly increased strength. This preparation I used, beginning with ten drops, through the skin of the abdomen; and gradually increased until fifteen, twenty, and thirty drops were daily injected. Local irritation followed this, as well as from the use of the fluid extract, and abscesses were produced. In the course of a short time I opened eight quite large abscesses upon the abdomen, which discharged exceedingly offensive pus. Subsequently, abandoning the hypodermic injection because of the local disturb-

ance, I used the watery extract of ergot, beginning with sixty and gradually increasing to eighty drops each day, placed on a pledget of cotton in the vagina, and retained *in situ* by a large packing of the same material. Later Dr. Squibb sent me suppositories of ergot, one form made with gelatine and another with suet, each representing as much as eighty drops of the watery extract. These are still in use. The more solid extract for hypodermic injection, when diluted, or for use by the stomach, rectum, or vagina, has not been employed.

"Now let me speak of the effects of this plan of treatment. The tumor was diminished in the course of six weeks fully one third in size; the indurated cervix had softened, no longer pressing on the rectum; the bowels moved spontaneously and regularly; hemorrhage ceased; menstruation lasted half as long as before, with less than half the discharge of blood, and the general health of the patient has visibly improved. From four to six hours after the use of ergot by the skin or vagina a tendency to sleep comes over the patient, which is quite irresistible. The toxical effects of ergot have never been positively perceived."

Dr. B. F. Sherman, of Ogdensburg, also reported a case of uterine fibroid which was treated by the hypodermic use of ergot to the great improvement of the symptoms and the general health of the patient. He used Squibb's extract diluted with glycerine.

Dr. Squibb, of Brooklyn, remarked that ergot, unlike opium, aconite, etc., has no single active principle, and that preparation of it is best which most perfectly represents the whole drug. The ergotines which have been most commonly sold differ, and no one of them can be considered to fairly represent the drug. An evidence of their want of uniformity is seen in the difference in dose; that of some being given as one sixteenth of a grain, while other substances of the same name are directed in two or more grain doses.

It should always be remembered that chemistry is as

destructive when applied to some drugs as it is advantageous to others. The difficulty is to draw the line where this splitting up by means of chemistry is an advantage. Ergot in substance is perishable; and its preparations, if not guarded in some manner, must partake of this tendency to deteriorate. The officinal fluid extract represents the ergot as well as any preparation that has been made, and specimens used after several years' keeping have proved as effective as when freshly made. It is, however, better adapted to the ordinary parturient uses of ergot than to cases where patients have to take it for a long period; for in such cases it is liable to produce anorexia, and the patient will run down during its administration. For this among other reasons Langenbeck, Hildebrandt, and others have sought to use it hypodermically, and have produced its specific effects in this way. The officinal fluid extract has been thus used very frequently, and occasionally with moderate success; but the alcohol and a little free acetic acid render it irritant and more likely to produce abscesses. It has seemed desirable therefore to get a preparation as little irritant as possible. This object has seemed to be attained by making a solid extract soluble in water alone, which also has not the nauseous taste when taken by the stomach. I have succeeded in preparing this by simply evaporating the fluid extract at a low temperature. Heat is very destructive to the activity of ergot, and has been the principal thing in the way of most of its preparations. If a cold-made fluid extract be evaporated at a temperature not much exceeding the atmospheric range, a solid extract can be made which represents the drug in the proportion of one grain to six. This taken in pillular form is not nauseating, and will not disturb the stomach. A filtered solution can easily be made, each minim of which may represent either one or two grains of ergot, and this solution is as well adapted to hypodermic use as any yet devised. It should be remembered, however, that all solutions which well represent ergot

are so loaded with organic matter that they are liable occasionally to cause abscesses when introduced under the skin.

Some authorities regard all preparations of ergot as inapplicable to hypodermic use; others have used many different preparations with only occasional abscesses, while Dr. Wey has obtained its specific effects by application to the mucous surface of the vagina by suppositories. This testimony indicates that it may be used in either way, and may be wisely used in all; that is, after the stomach fails to receive it kindly, it may be intermitted for a week or two without material loss of effect, and then resumed by hypodermic injection until abscesses follow. After another period of rest it may be resumed by suppositories in the vagina; and when these, or pledgets bearing the solution, produce local irritation and perhaps leucorrhœa, another period of rest will enable the practitioner to return to the stomach.

Toxic effects of ergot, which have been feared from its prolonged use, do not seem to have been met with by those who have used the drug longest and in largest quantities. Still the physician should always be on the watch when giving ergot continuously, and be prepared to intermit its use either for the stomach's sake, or to avoid poisonous effects when its disadvantages become apparent.

ALBANY, N. Y.

Reviews.

Illustrations of the Influence of the Mind upon the Body in Health and Disease. By DANIEL HACK TUKE, M. D., M. R. C. P., etc. Philadelphia: Henry C. Lea. 1873.

The author of this entertaining and instructive volume adopts as his motto the remark of John Hunter, that "there is not a natural action in the body, whether involuntary or voluntary, that may not be influenced by the peculiar state of the mind at the time." The truth of the remark is abundantly attested by the experience of every man of observation, and physicians especially recognize the force of this mental influence. How far it is concerned in many of the morbid actions, as well as in many of the therapeutic effects, which we witness daily in our practice, has never yet been determined; but that this influence of the mind is a factor in many of these results can not be regarded as a matter of doubt, and hence the subject is one which must awaken inquiry in the mind of every medical man.

No question in biology has ever created a deeper interest than the connection between our material frame and the conscious, thinking principle within. That this active principle exerts a powerful therapeutic influence over morbid conditions of the body is indeed a doctrine of an ancient date. An old English physician laid it down, many centuries ago, that one of the things necessary to a cure is that the patient have confidence in medicine. The sick man, he maintained, "must be of good cheer, and have sure hope that his physician can help him." But long ere this was insisted upon by the British physician, Galen had taught that "confidence

and hope do more good than physic;" and wonderful stories of this healing power of faith are also told by Greek writers. It is related of one Axiochus, for example, that when his disease had resisted all the remedies of his physicians, and he had been brought near the jaws of death, he was at last restored to health by the sight of Hippocrates. Paracelsus insisted, in fact, that it was in this way that the father of medicine effected all his cures. He would not allow that it was possible for Hippocrates to accomplish any thing in the absence of his chemical remedies. He could only have made cures, said Paracelsus, by exciting the hopes of men; "for the common people," he adds, "had a most strong conceit of his worth." Physicians in all times have recognized this principle, and nothing is better understood than that the practitioner who inspires most confidence will, other things being equal, practice with the greatest success.

To the *vis medicatrix naturæ* we all admit that we are chiefly indebted for the cure of disease—of those forms of it, at least, that tend to a favorable result; and we can not in any way so strengthen that curative force as by inspiring hope and confidence in our patients. But if such be the restorative power of the cheerful emotions, there can be little doubt that the opposite influence is exerted by the depressing feelings. Grief, melancholy, anxiety of mind, and all that class of affections rank among the agencies which induce or aggravate bodily disorder.

To illustrate this influence, so long recognized, of the mind over our corporeal functions, in both a healthy and morbid way, is the object of Dr. Tuke in the work before us. It is but justice to the author to say that he has executed the task he assumed in a manner that leaves little to be added to his labors. He has collected into his volume all the most striking examples of this mental agency to be found scattered through the numberless works which have alluded to the subject, and presents them in a classified form. He shows first the influ-

ence of the intellect, and then, in successive parts, that of the emotions and the passions upon the functions of the body, voluntary and involuntary, animal and vegetative; to which he adds many striking examples of the influence of the mind over the body in the cure of disease.

It has been the fashion of medical men, as well as of the people, to attribute the effects of this character to the power of the imagination; as if the morbid actions induced by states of the mind, and cures brought about by inert remedies, were imaginary. In the same way some nervous diseases are loosely referred to as existing in the imagination, and to be cured by ridicule. Hypochondria, hysteria, and the milder forms of mental insanity have too often been regarded in that light. The medical man has come now to understand that all such affections have their origin in real morbid conditions of the nervous system. When therefore we speak of imagination as curing or causing disease, the meaning is that strong feeling or expectation induces palpable changes in the body; that when a patient vomits or is purged after taking a bread-pill, under the impression that he is swallowing a powerful emetic or cathartic, the mind effects the physiological changes that would have resulted from the action of drugs. This principle of "expectant attention" is at the bottom of many very curious phenomena connected with the human body, and may be brought to bear with great advantage upon the subjects of nearly every character of disease.

One of the most interesting points discussed by Dr. Tuke is the influence of mental work upon longevity. The instances collected render it clear that study seldom induces paralysis, while passion is a frequent cause of it, as well as of sudden death in affections of the heart. Natural philosophers, as a class, attain to the greatest age, and poets are at the bottom. Of poets, those who were, like Wordsworth, of a contemplative turn of mind, lived longer than those who, like Collins, Byron, and Burns, were occupied with themes that elicit intense feel-

ing. Sir Isaac Newton, with all his severe application of mind, lived to extreme old age, while John Hunter was carried off, by a sudden fit of anger, at the age of sixty-five.

The influence of mere mental states over muscular movements and sensations is exemplified by the phenomena which are usually referred to mesmerism or electro-biology, a condition of the system in which the "subject" is deprived of feeling, or feels, sees, hears, and tastes all that is suggested to him by the operator—in which "a man may hold fire in his hand by thinking on the frosty Caucasus," or

> "Wallow naked in December snow
> By thinking on fantastic summer heat."

For a long time these facts were utterly discredited by the medical profession. Men were slow to believe that sensibility could be annulled or strong sensation excited by an operation of the mind. These facts are doubted no longer; but it has been fully established that no such force as mesmerism or animal magnetism or the odylic force is concerned in them. John Hunter had observed that he could fix his attention on any part of his body until he would experience a sensation in that part. In the so-called mesmeric condition the will of the individual is suspended, and he accepts whatever is suggested to him by the person who has his attention. Attention directed to the stomach causes a sensation of weight, aggravating or even originating dyspepsia.

The senses may all be imposed upon in the natural state by the imagination. Thus, an old lady was made sick by the sight of a stove in a church which contained no fire, having often been affected by a heated stove; and the case of the coroner who perceived the odor of decomposition in an empty coffin, supposed to contain the body of a murdered infant, is known to most readers. Soon after the discovery of potassium, by Davy, Dr. Pearson happened in his laboratory, and on a piece of the new metal being placed in his fingers the

doctor exclaimed, "How heavy!" and was only undeceived by seeing the globule float when thrown upon water.

We have alluded to the sudden death of John Hunter from disease of the heart. As every thing that concerns that remarkable man is interesting to the members of the profession which he so greatly enriched by his labors, and as his history moreover illustrates the close relations between the mind and the heart, we quote from Dr. Tuke some particulars of his case as related by himself. Hunter was subject to "spasm of his vital parts" when anxious about any event or excited by anger. "At my country-box," he says, "I have bees, which I am very fond of; and I was once anxious about their swarming, lest it should happen before I set off for town. This brought it on. The cats tease me very much by destroying my tame pheasants, partridges, etc., and rooting up my plants. I saw a large cat sitting at the root of a tree, and was going into the house for a gun, when I became anxious lest she should get away before my return. This likewise brought on a spasm. Other states, when my mind is much more affected, will not bring it on." He could tell an affecting story without experiencing any spasm, but it acted upon his power of articulation. He had to stop often during its relation. The irregular action of his heart was especially liable to occur under the excitement of anger, and he was in the habit of remarking to his friends that his life was "at the mercy of any scoundrel who chooses to put me in a passion." Yet, forewarned as he was of the danger in which he lived from his cardiac trouble, he had not sufficient self-control to avert it. He was one day thrown into a fit of anger by some unexpected contradiction, and expired on the instant.

It would not be easy to limit the influence of the emotions over the muscular system in either the development or cure of disease. Hydrophobia itself, it would seem, may be brought on by fear. Chomel reports a case of a physician at Lyons,

who assisted in the dissecting of several hydrophobic patients, and became alarmed with the apprehension that he had been inoculated with the virus. He lost his appetite, was sleepless, and when he attempted to drink was seized with spasm of the pharynx. In this condition he wandered three days about the streets in a state of despair. At length, however, his friends convinced him that his malady had its seat in his imagination. But other cases have not terminated so favorably. Dr. Tuke cites from the Memoirs of the Royal Society of Montpelier the history of two brothers bitten by a mad dog, one of whom went to Holland and did not return for ten years. On his arrival, learning that his brother had died of hydrophobia, he was attacked with all the symptoms of that disease, and died.

We have spoken of this work as entertaining and instructive. It is both. We have seldom read one with more interest, and we recommend it to our readers with confidence as one which will not disappoint their highest expectations. In concluding our notice of the volume our only regret is that our limits have restricted us to so imperfect an abstract of its contents.

The Pathology, Diagnosis, and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M. D., etc. Second American from the third London edition. Philadelphia: Lindsay & Blakiston. 1872.

The merits of Dr. Hewitt's work on "Diseases of Women" have been so generally acknowledged by the profession that it is hardly necessary to say a word in commendation of this last edition; and yet we ought to say that it is fuller, clearer, and more valuable than any of its predecessors.

Dr. Hewitt now avows his faith in the "mechanical" system of uterine pathology; an avowal which would especially have delighted the heart of our venerable countryman, Dr. Hugh L. Hodge. But does not the proof of the uncertainty of this

pathology seem conclusive when we find Dr. Chapman, in his "Displacements and Diseases of the Uterus," published about the same time in this country that the third edition of Dr. Hewitt's work appeared in London, discovering its secrets by "congestion," while another declares the revelation is by "mechanics?" Whom shall we believe? The question of the skeptic Pilate comes sadly from our lips, "What is truth?"

T. P.

Clinical Lectures on Various Important Diseases: Being a Collection of the Clinical Lectures delivered in the Medical Wards of Mercy Hospital, Chicago. By NATHAN I. DAVIS, A. M., M. D., Professor of Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College. Edited by FRANK H. DAVIS, M. D. Chicago: J. J. Spalding & Co. 1873.

Readers of the Medical Examiner will recognize in this handsomely-printed volume many of the lectures which appeared in the columns of that periodical during the past few years. The many pupils of the distinguished author will be glad to have his utterances in this permanent form. But the value of the work is by no means limited to this class of readers, for practitioners every where must be interested in the teachings of one who has had so large and so varied an experience as Prof. Davis.

Clinic of the Month.

Dr. Bowditch on Intemperance. — The following is a brief summary of some of the principal points presented in the Third Annual Report of the State Board of Health of Massachusetts: 1. Stimulants are used every where, and at times abused by savage and by civilized man; consequently intoxication occurs all over the globe. 2. This love of stimulants is one of the strongest of human instincts; it can not be annihilated, but may be regulated by reason, by conscience, by education, or by law when it encroaches on the rights of others. 3. Climatic law governs it; the tendency to indulge to intoxication being not only greater as we go from the heat of the equator toward the north, but the character of that intoxication becomes more violent. 4. Intemperance is modified by race, as shown in the different tendencies to intoxication of different peoples. 5. Races are modified physically and morally by the kind of liquor they use, as proved by the examination of the returns from Austria and Switzerland. 6. Beer, native light grape-wines, and ardent spirits should not be classed together, for they produce very different effects on the individual and upon the race. 7. Light German beer and ale can be used even freely without any very apparent injury to the individual, or without causing intoxication; they contain very small percentages of alcohol (4 or 4.5 to 6.50 per cent). Light grape-wines, unfortified by an extra amount of alcohol, can be drunk less freely, but without apparent injury to the race, and with exhilaration

rather than drunkenness. 8. Ardent spirits, unless used very moderately, and with great temperance, and with the determination to omit them as soon as the occasion has passed for their use, are almost always injurions, if continued even moderately for any length of time, for they gradually encroach on the vital powers. If used immoderately, they dwarf intellectually, morally, and physically the nation; cause a beastly narcotism, which makes the victim regardless of all the amenities and even the decencies of life; or perhaps they render him furiously crazy, so that he may murder his best friend. 9. Races may be educated to evil by bad laws or by the introduction of bad habits. England's taste for strong drinks has been fostered by legislation and by wars of nearly two centuries since. France and parts of Switzerland are beginning to suffer from the introduction of absinthe and of schnapps; especially is this noticeable since the late Franco-Prussian war. 10. A race when it emigrates carries its habits with it, and for a time at least those habits may override all climatic law. 11. England has thus overshadowed our *whole* country with its love of strong drinks and with its habits of intoxication, as it has more recently covered Ceylon, parts of the East, and Australia. 12. We should do every thing we can to restrain the use of ardent spirits as a beverage by moral suasion, and, if need be, by stringent law. We should close "grog-shops." 13. Moral suasion and education in the horrors of intemperance, too much neglected of late, . . . should be inculcated. 14. Inebriate asylums should be established by the state for the reformation of dipsomaniacs, and repeated drunkenness should be punished as a crime. 15. The seller of liquor to a known drunkard should be signally punished, and the offender should be made to pay the expenses of crimes or injuries resulting from the intemperance of his victim. 16. All adulterations of liquor should be punished signally and promptly as a high crime against society.

Skim-milk Treatment of Diabetes Mellitus.—Nearly two years ago Dr. Arthur Scott Donkin begun a series of papers in the London Lancet on this subject, which attracted great attention at the time they appeared. In the number of the Lancet for April, 1873, Dr. D. concludes the series with the following interesting remarks:

"I desire to be clearly understood as to what I mean by this term (skim-milk treatment of diabetes). To order the patient to drink as much skim-milk as he can and whenever he chooses, regardless of measure or the time of administration, or to permit him to partake of other kinds of food in addition, even in small quantities, is certainly *not* prescribing the skim-milk treatment. I have known so much as from sixteen to twenty-six pints swallowed daily by the patient, who was thus converted into a species of funnel, through the permission of his medical adviser. Of course it was not at all astonishing that this unmethodical but heroic administration of the remedy was *not* crowned with success.

"By the skim-milk treatment I mean the administration of skim-milk properly prepared, in quantities measured and limited to the requirements of individual cases, given at regular intervals in definite doses, and to the exclusion of all other food for a longer or shorter period. This system of treatment, in short, must be pursued in a strictly methodical manner and according to the rules I have already laid down on this subject, and I must add emphatically *that if this is not done success must not be expected.*

"On account of the scrupulous method, perseverance, and self-denial required, this treatment will never be attended with more than partial success in hospital practice, unless the patients are placed in isolated, special wards, and under the care of strictly trustworthy nurses. Of this I am convinced by my own personal experience in the cases of diabetes I treated in the Sunderland Infirmary. In all of these, without excep-

tion, no sooner was the sugar nearly or entirely removed from the urine than the patients began to indulge clandestinely in the most injurious of the prohibited articles of food, and thus caused a return of the disease. The same observation applies with equal force to the more ignorant and unintelligent of the lower classes treated at their own homes, and to young subjects below the age of maturity. I fully concur with Bouchardat that this cause exercises an important influence over the great mortality occurring among the latter class of patients.

"There can be no doubt whatever that a long holiday with plenty of exercise, under a genial atmosphere, with change of scenery and complete relaxation from business, contributes powerfully to confirm the health of the patient. I am the more anxious to direct attention to this circumstance, having ascertained by experience in similar cases that hygiene and relaxation from business or professional pursuits for a considerable period are of the utmost importance in the after-treatment of diabetes, when convalescence has been fairly established. I can point at least to one melancholy instance in which a return of the disease in a severe form was induced by close attention to business in gloomy premises, and continued residence in an unhealthy atmosphere, nearly a year after every trace of sugar had been removed from the urine, and the health and strength of the patient completely restored.

"If space had permitted, I could cite many instances in addition to the cases already published in my previous contributions to show the remarkable efficacy of the skim-milk treatment of diabetes—*properly applied.* But these are certainly sufficient to carry conviction to an unprejudiced mind that the disease is quite amenable to treatment if the remedy is *applied in time.* In time, I repeat, because there is certainly no other serious chronic malady in which the Hippocratic axiom '*occasio princeps*' is more applicable than in this.

"In illustration of this observation and of the importance

of early treatment I may here refer incidentally to two cases of diabetes now under my observation. In one the disease was apparently of only seven or eight months' duration; the patient, having during the last four months been kept under a restricted diet, was passing from four to five pints of urine containing 25.340 grains of sugar to the ounce. Under the skim-milk treatment the sugar entirely disappeared from the urine in fourteen days. In the other, the patient had not suffered from the severer symptoms of the disease longer than two months; but his diet was unrestricted, and he passed ten pints of urine daily, containing 30.092 grains of sugar per ounce. The whole of this was removed and the disease completely arrested in eleven days by the skim-milk treatment — a result in a great measure attributable to the early application of the remedy.

"During the last few years that I have directed my attention specially to this subject several cases have come under my observation in which the disease was so far advanced, and had inflicted such irreparable injury on the constitution generally and nutritive process — on the vitality of the organism, if I may so speak — that but little good could be effected beyond subduing the more distressing symptoms. In some of these instances, most unfortunately, the disease had not been recognized until it had advanced in its destructive progress for years; and this reflection urges me to remark that diabetes will still continue too frequently to escape detection, in a similar manner, until its symptomatology is rewritten in most of our text-books on medicine, thus enabling the student to become familiar with its features in its initial or earliest phase. As hitherto described, the symptoms enumerated are those characteristic of an advanced stage of the malady; namely, excessive thirst, a parched skin, a very large flow of urine, a voracious appetite, and emaciation. Now I venture to repeat what I have already stated on this important subject, that the invasion and early stage of the disease do

not produce this assemblage of symptoms, and must therefore be recognized by a widely different class of phenomena. These are: a general feeling of debility not due to emaciation or loss of flesh; considerable nervous and muscular prostration; lassitude and disinclination for bodily and mental exertion; occasionally a dull pain over the loins; loss of sleep; frequently dimness of vision; a feeling of numbness or loss of sensation over the surfaces of the thighs; a clammy condition of the mouth without much thirst, or preternatural dryness of the skin, which is frequently perspiring. Whenever we meet with this category of symptoms, more or less complete, our suspicions should be aroused and the urine carefully examined for sugar.

"In cases of diabetes too far advanced to admit of cure and the consequent removal of the sugar completely from the urine, the skim-milk treatment will reduce the quantity of sugar to a very much greater degree, and hold the disease in check far more powerfully than any other remedy yet discovered, to say nothing of the subjugation of the more distressing symptoms.

"In the treatment of diabetes it must be remembered that the source of the urine-sugar is the food. The most remarkable pathological character of the disease is its power of *misappropriating* the proximate principles of food required for the nutrition of the body and the production of animal heat, converting them into an unassimilable substance incapable of oxidation—namely, diabetic sugar—which is cast out of the system by the kidneys as a useless and injurious foreign substance. At first there is only a *partial* malassimilation of starchy and saccharine substances, but this becomes *complete* as the disease advances. Next comes a period when the fatty matter of the food is likewise converted into sugar; and when this stage of the disease is fully developed the whole of the carbonaceous alimentary principles are misapplied instead of being assimilated and undergoing their

normal metamorphic changes. Consequently they are not oxidized, and the temperature of the body falls below the healthy standard. Unfortunately this is not all, for if the disease runs its course unchecked it passes into a much more serious phase of its progress, and the albuminous or nitrogenous principles of the food also begin to contribute to the formation of diabetic sugar, and in quantity gradually increasing as the disease advances toward termination, until a very small proportion is left to nourish the tissues and maintain the heat of the body. Thus Professor Greisinger found, by careful experiment on a diabetic patient restricted to a rigorous meat-diet, that only *two fifths* of the whole of the albumen consumed in the food remained available for the purpose of nutrition, the rest being converted into diabetic sugar. But this does not even represent the full extent of the malassimilation of albumen in very advanced cases.

"These data supply a ready and intelligible explanation of the gradually increasing and at length extreme emaciation observed in diabetics, accompanied *not* by pyrexia, but an abnormally low temperature of the body, the latter condition being due to the complete absence from the blood of the oxidizable products of the assimilation of the carbonaceous principles of the food and the great deficiency of those derived from the albuminous. Hence we can readily understand the fact shown by the recent investigations of Pettenkofer and Voit that in diabetes there is a diminished consumption of oxygen and a correspondingly decreased production of carbonic acid by the process of respiration.

"I have already referred to the necessity on the part of diabetics to refrain from starchy and saccharine articles of food in order to prevent a return of the disease after recovery. The prohibition of bread from the regimen thus prescribed is generally complained of as the greatest hardship to be endured; consequently various substitutes have from time to time been invented. Thus we have the gluten bread

first suggested by Bouchardat, and the bran biscuits made according to different formulæ; the former, however, is insipid and unpalatable, while the latter, when free from starch, are composed entirely of *lignine*, and therefore contain no nutriment whatever. To obviate these serious objections it struck me that a very important end would be gained if a kind of diabetic bread could be manufactured consisting of an admixture of gluten and bran. I therefore communicated with Mr. Van Abbott, of Princes Street, Cavendish Square, on the subject, and he has succeeded in getting manufactured in France, after much difficulty, a bread consisting of eighty per cent. of gluten and twenty per cent. of bran nearly free from starch, and a very small quantity of butter. This bread is a much closer approximation to ordinary brown bread than any other substitute now in use. It is not only agreeable and palatable to the patient, as well as nutritious on account of the large proportion of gluten, but, what is also very important, it excites the peristaltic action of the bowels, and prevents or corrects constipation in consequence of the *lignine* it contains in the form of bran. I have no hesitation in saying that this bread is much superior to any other form hitherto produced for the use of diabetics. In closing, I may state that I have conducted some experiments with lactic acid in the treatment of diabetes, but find it possesses no specific action on the disease apart from the strict animal regimen in conjunction with which it is administered."

Paracentesis Thoracis.—Dr. Bowditch, of Boston, recently addressed the following letter to Dr. Allbutt, of Leeds, England, in reference to thoracentesis. As it may be supposed to contain the latest and most matured views of this eminent authority on the subject, we give it almost entire from the Practitioner:

"*First*—I always operate *first* with a very small exploring trocar and canula, which latter can be attached to a suction-

pump. This is the general rule, and has not been departed from for years, owing perhaps to the fact that physicians in Boston and vicinity rarely allow pus to remain so long as to 'point;' we operate long before that period arrives. I thrust the trocar in *fearlessly and quickly*, so as to avoid carrying the pleural false membrane before the canula instead of transfixing it. I choose a point in the back on a line with the angle of the scapula, and between the eighth and ninth or ninth and tenth ribs, and at least an inch and a half above a horizontal line drawn through the lowest point at which the respiratory murmur is heard in the other lung. I draw fluid slowly, but as continuously as possible, as long as I can do so, or until severe pain or stricture over the chest, or any serious discomfort of any kind comes on. Coughing does not always induce me to desist; but a severe, harassing cough checks further operation. After the operation I advise entire rest for twenty-four hours at least. I have not been obliged to use opiates, except once or twice, to check an *extravagant* cough; I should never check a mild one, as it is usually the healthful result of expansion of the lung.

"*Second*—No amount or character of complications of disease, either cephalic, thoracic, or abdominal, prevents me from operating when I find a large effusion, or any effusion that I think is adding distress to a patient already very ill. In some such cases I operate simply to give relief, and I do so as freely as I would use a subcutaneous injection of morphine, prescribe a blister, or a cathartic. I had one case, in a very aged man who had had manifest cardiac disease, but who at the time I was called to him had been unable to lie down for two or three weeks, with general dropsy; the legs, abdomen, and the left pleura being all distended. Tapping the chest and drawing away over two quarts of serum relieved all the severe symptoms, and he lived for years afterward. I therefore now *hope* for *more* than simple relief, even in the worst cases, and in those in which the prognosis

would undoubtedly be for a fatal result unless relief can be obtained by the operation.

"*Third*—Age and sex, and even the existence of pregnancy, I deem of no importance when considering the question of thoracentesis in a severe case. The youngest babe and the octogenarian, the strongest and fattest of men, with chest parietes so thick that my usual trocar (one and three quarters inch long) failed to reach the interior of the chest, and the thinnest, most emaciated of women, have all alike been operated on. In a pregnant woman I tapped four times before and five times after delivery, and finally made a permanent opening; she lived many years afterward in comparative comfort. In the case of my fat patient I had simply to get a new and longer trocar, and success followed. My only criteria for judging as to the propriety of operating in any cases are the questions: Is the dyspnœa severe enough? Has it occurred, even once, so severely that in the eyes of attendants it has seemed to threaten life even momentarily? or finally, Has sufficient time elapsed for remedies to have effect without such effect being produced?

"But *fourth*, on this question of time I fear I may not be able to satisfy either myself or you. I will, however, make one broad statement; viz., whenever I hear that a temporary orthopnœa has occurred, or that a severe dyspnœa is actually present, I never think of waiting, but *operate instantly*, however serious and complicated all the other signs may be. But if a patient has been ill only a few days or a week; if the effusion be small, the dyspnœa but slight; if remedies seem to be having a beneficial effect, I have hitherto, and I presume I may hereafter, let the fluid remain three or four weeks perhaps before *urging* an operation. My past experience has been in this direction, although perhaps I have erred in not doing as you suggest in the article already cited; viz., in not operating immediately after finding fluid effused even to a moderate amount. My reason does not give me valid

grounds for delay, and certainly my experience of the effects of the operation suggests nothing but that pleasant results would follow it whenever performed. I think therefore we *may* operate in any case where the quantity of fluid is obviously so large as to seriously obstruct the greater part of a lung; as, for example, when the level of the fluid seems to rise to the middle of the back, and in so doing oppresses the respiratory murmur in the entire organ. But in such a case, if it did not cause serious symptoms, I might defer to the patient's wishes for a time, and delay the operation a few weeks.

"*Fifth*—The character of the fluid, though it has at times influenced my prognosis, has never completely foiled me in the use of the exploring canula. Provided the operator steadily draws and does not interrupt the course of the fluid, coagulation can hardly take place in the minute instrument. Pus as thick as honey, and which required a little time to come to a level in the receiving basin, I have drawn through it. It is true, however, that on a few occasions (usually when first introducing the canula) I have been unable to draw out what I subsequently found to be serum. I have tried sometimes the throwing in (by reversing the operations of the pump) of a half ounce or less of lukewarm water. This sometimes has removed the lymph (I presume) that obstructed the end of the canula, and the subsequent attempts to draw fluid have been successful. If, however, the obstruction has still continued, the withdrawal of the instrument becomes necessary, and the reintroduction in the intercostal space just above the previous point of puncture has always succeeded.

"*Sixth*—Any '*valvular opening*' of the parietes, when using the trocar or in the common surgical operation, seems to me, in the light of my experience, worse than useless—absolutely bad. It is wholly uncalled for with the 'aspirator' canula; and when an incision is made it is impossible

in subsequent daily dressings of the wound and washings out of the pleura, to prevent the admission of air. It does harm by its liability to form a sinuous fistulous opening in the chest, whereby the ribs may become eroded. Moreover, the *free* exit of pus is prevented by it, and phthisis is more likely to set in.

"*Seventh*—When and how ought a permanent opening to be made? A decision on this point is often very difficult. Let me name a few favoring circumstances. (*a*) Youth is much more favorable than advanced life. (*b*) The length of time the disease has lasted, if short, is favorable, because it leads us to hope for an easy and early expansion of the compressed lung. If *many* months have elapsed since the disease began, we can have rather less hope; but mere length of time, however long, should not prevent us from making it, provided the operation seems called for by urgent symptoms. (*c*) Uncomplicated pleuritic effusion is of course more favorable than when the patient suffers also from other diseases. Hence I incline to make a permanent opening in a young or middle-aged, generally healthy subject—one who has been ill but a short time. Moreover, he must have been operated on at least once with the 'aspirator,' and pus must have been drawn. Moreover, this pus must show a tendency to reaccumulate rapidly. In such a case, and with serious symptoms supervening on the return of the effusion, a permanent opening may be made, I think, with a good hope of success, provided the subsequent treatment be also wise. On the contrary, a person above middle life, who has been long ill and afflicted with cough and other symptoms of phthisis, is one in whose case, until very lately, I should have preferred repeated tappings with the 'aspirator,' for I have feared the risk of hectic fever setting in under the influence of the constant drain of a long flow of pus. I frankly confess to a grave suspicion whether I have not erred in some of these cases; for certainly, though few have eventually *wholly* re-

covered, yet their lives have been lengthened and made more tolerable by the operation. But there is a class of intermediate cases between these two extremes which at times bitterly tests a man's powers of exact differential diagnosis or prognosis. All that can be said is that each case must be minutely and accurately examined, and the question of making a permanent opening decided only after a searching analysis of all the circumstance connected with it. While serous fluid is drawn by the 'aspirator,' *I think* we should not be justified in making a permanent opening with the absolute certainty that pus will soon be formed. Upon this question, however, we need facts. Blood, unless it be in the chest from an external injury and needing a surgical operation for its removal, should always contra-indicate a permanent opening; for in my experience a bloody fluid at the *first tapping* has always indicated serious and generally malignant disease of the lung or pleura, and therefore a permanent opening seems contra-indicated.

"*Eighth* — How shall a permanent opening be made? Formerly I used silver tubes. At times I have used those of gum-elastic. One patient contrived for himself a spiral silver-plated wire tube. This he found easier than either of the others. The silver tubes are painful. Those of gum-elastic have at times broken off into the pleural cavity. I know of one case, under the care of a professional associate, in which this accident caused great suffering. Moreover, all such tubes, of whatever substance made, are liable to become clogged. Very evil results also may follow, unless great care be taken. For example, although there may seem to be a daily free discharge of pus, a quantity of it may accumulate *below* the point at which the tube enters the chest, and there become semi-solid and fetid. The possible consequences of this state of things, as actually occurred in one of my own patients, are hectic fever and many of the symptoms of phthisis. In the case alluded to they continued to increase until I began thoroughly to wash out the cavity with warm

water, and the removal was made by this means of a large quantity of very fetid pus. Relief to all unfavorable signs immediately supervened, with ultimate recovery of the patient. When therefore hereafter I shall have made up my mind that a permanent opening is needed to prevent the constant reaccumulation of pus, my reason, and the small but very satisfactory result in two cases in which that operation has been done by free incision through an intercostal space, will induce me to advise that proceeding rather than the use of any tube or trocar however large. That incision I should generally advise should be made low in the back instead of in front as advised formerly in books of surgery. The dissection should be made carefully down to the pleura, and the cavity laid open to the extent of at least two inches, perhaps more, provided the free exit of pus can be made more thorough. I shall make no effort to keep out the air by valvular openings, because I know I can not prevent it from entering, and because I believe it will do no harm — certainly much less harm than any contrivance which, while trying to exclude air, prevents the free passage of all fluids out. I shall have that aperture kept freely open by lint until the cavity has fully healed from the interior, if that be possible. I shall use, from the second or third day, simple warm water or carbolized water injections into the pleura, and I shall let all fluids drain into a large poultice or mass of cotton-wadding placed on the chest."

Notes and Queries.

THE KENTUCKY STATE MEDICAL SOCIETY.—The annual meeting of this Society was held at Paducah, on Monday, April 1st, and was both large, harmonious, and spirited. The address of welcome, which was delivered by Dr. Joseph W. Thompson, of Paducah, was earnest, thoughtful, and well-conceived. The address of the president, Dr. Rogers, has already been presented to our readers. It is none too high praise of it to say that it is one of the most interesting and instructive addresses ever delivered before the Society, and altogether worthy of its justly distinguished author.

On motion of Dr. J. M. Keller, of Louisville, the constitution was so amended as to require candidates for membership to belong to some local medical organization, provided one existed in the neighborhood of the applicant's home. Physicians who may hereafter desire to become members of the State Society will do well to bear in mind this change in the constitution.

Dr. J. A. Foss, of Jefferson County, chairman of the Committee on Registration, made an exceptionally good report, which was unanimously referred to the Committee on Publication. Kentucky had at one time registration laws, which under the supervision of the lamented Dr. Sutton were yielding most excellent fruits to science; but in the legislative vandalism, as Dr. Foss calls it, of 1862 these laws were repealed, and have not been re-enacted. The cause, Dr. F. believes, to lie in the apathy and mismanagement of the twenty-five hundred doctors residing in Kentucky. He asserts that concert of action among us would secure what we

desire. He says: "Let us send to the next General Assembly such a petition in weight and numbers as was never before presented to that body. First of all, and above all, let us give evidence of our faith in registration by members of this Society signing this petition before we adjourn. Then secure the names of the members of all the local medical societies, and then the signature of every physician in the commonwealth. This done, and the legislature will begin to believe we are in earnest, and have some respect for us. But these things are not enough. Let our petition be presented to every candidate of every party before the August election, so we can vote understandingly. And finally let each and every physician in the state carry the petition in his pocket, and devote ten minutes each day to explaining the benefits of the law to his patrons and obtaining signatures. If we only get ten names each it will make 24,140. If we secure fifty apiece—and we can easily do it—it will swell the petitioners for a registration law to the unprecedented number of 120,700. Does any member of this Society doubt that we can get that number? Armed with such a petition we can demand that the first act of the legislature in December next shall be a registration law. They can not and dare not ignore us."

Dr. Foss, who was for many years a most popular representative in the legislature, is well qualified to speak as to the influences which affect our law-makers. We believe he has struck the key-note to the movement, and we shall own to deep disappointment if another session of the General Assembly adjourns without giving what so large and respectable a constituency unanimously demand.

Dr. D. T. Smith, of Louisville, chairman of the Committee on Vital Statistics, read a most interesting report, which was also referred to the Committee on Publication. Resolutions were introduced by Dr. Keller asking the legislature to pass the bill legalizing dissections in Kentucky. Dr. L. P. Yandell,

chairman of the committee to prepare memoirs of Drs. Taylor Bradford and Hugh Rodman, presented a report, which was forwarded to the proper committee with instructions to publish. Dr. Tauber, of Paducah, read an instructive paper on the Therapeutics of Electricity. Dr. R. C. Brandies, of Louisville, made an excellent report on the laryngoscope. The recent improvements in ophthalmic surgery were well set forth, in a carefully-written paper, by Dr. D. S. Reynolds, of Louisville, chairman. Dr. J. W. Thompson, of Paducah, chairman of the Committee on Surgery, read a report which exhibited a patient industry and conscientious research truly to be admired.

A communication was read from the Southwestern Medical Society setting forth that quackery was becoming a growing evil, and asking that some measures be taken to secure the passage of laws to protect regular practitioners. Referred, on motion of Dr. Keller, to the following committee, with instructions to act: Drs. Withers, Maxwell, and Gale.

A special report on obstetrics was made by Assistant Surgeon Eli McClelan, U. S. A., in a paper, entitled "Obstetrical Procedures among the Indians," an abstract of which at least we hope to be able to present our readers in advance of the regular publication of the proceedings of the Society.

Dr. J. J. Speed, of Louisville, uttered some fine truths and made some capital hits in a paper entitled "Take less Medicine." Dr. E. B. Richardson, of Louisville, read a spirited paper on Medical Education, in which he contended for a high standard of preliminary education in students of medicine as essential to genuine progress in the profession. The greater part of his paper, however, was taken up in criticisms of the address of the President of the American Medical Association, delivered, in 1872, at Philadelphia, and published in this journal in June last, which, though made in a dashing, pointed way, showed but too plainly that their author had failed to catch the controlling idea of the address which he

assailed. Dr. J. W. Singleton, of Florence Station, presented a well-written essay on Conservative Medicine.

The following amendment to the constitution was offered by Dr. J. M. Keller:

> Resolved, that hereafter the Kentucky State Medical Society will adopt the customs and rulings of the American Medical Association to the extent that in the future, in the regular annual meetings of this Society, the same sections on the varied branches of the profession that exist in the American Medical Association will be observed in the State Society.

We very much doubt the expediency of this resolution. The Society has at no time been embarrassed by the number of reports made or papers read at its sessions. Indeed the trouble has been quite the other way; and if the offerings made by members are to be first referred to the appropriate sections instead of as now being heard and discussed in open session, we for one believe that the interest in the Society will decline, the number of contributions diminish, and the general usefulness of the organization be impaired.

The officers elected for the next year are: president, Dr. J. W. Thompson, Paducah; senior vice-president, Dr. J. M. Keller, Louisville; junior vice-president, Dr. R. M. Farleigh, Hopkinsville; recording secretary, Dr. J. A. Larribee, Louisville; corresponding secretary, Dr. J. D. Jackson; treasurer, Dr. D. S. Reynolds, Louisville; committee of publication, Drs. Turner S. Anderson, E. Richardson, and C. Rogers, Louisville.

The inevitable banquet, with its lights, its music, its wines, its savory viands, its toasts, its speeches, its songs, its mirth, and its next-morning headaches, closed the session, and the Society adjourned to meet in Shelbyville, April 7, 1874.

THE LIBRARY OF THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON.—The following abstract from the circular of the committee appointed by the Association to receive and

arrange the books sent to this library will, we hope, induce such of our readers as have not already done so to contribute to this great national enterprise—an enterprise in which no American physician can fail to feel the deepest interest.

"With a view to preserve for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May, 1870, resolved to establish at Washington, D. C., a library or repository of American medical works. It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts, that can be collected. Nearly all physicians have some book or pamphlet of the character indicated, which may contain facts relative to the diseases of his section published nowhere else, which they can contribute without inconvenience, and which of itself is of trifling value; yet when many such treatises are assembled together from all parts of our country, embracing its nosology from the earliest period of its settlement, they will form a collection of the greatest importance to the profession.

"An appeal for contributions to this library is now made, personally and distinctly, to each and every American physician, medical publisher, and editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor. Contributions of the class of works mentioned are therefore respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams Express to either of us, which will be promptly acknowledged on reception, and a record of titles kept. The library-mark of the Association will be pasted on the inside of the cover of each volume, which will contain also the name of the donor.

WM. LEE, M. D., *Librarian*,
2111 Pennsylvania Avenue.

JOSEPH M. TONER, M. D., *Library Committee*,
No. 615 Louisiana Avenue."

PHILADELPHIA OBSTETRICAL SOCIETY.—We take pleasure in publishing the following appeal of the Philadelphia Ob-

stetrical Society for aid in the formation of a museum of distorted pelves and obstetrical and gynecological instruments:

"At a recent meeting of the Philadelphia Obstetrical Society it was decided to establish a museum for the collection of deformed and distorted pelves, and for the preservation of obstetrical instruments possessing historical value or illustrating new methods of treatment. The Society was led to take this action for these reasons:

"1. No subject at present possesses more interest to the obstetrician than the study of the various deformities of the pelvis, their mode of production, their influence on the process of parturition, and the principles which should guide the accoucheur when operative interference is deemed necessary. The profession is gradually becoming more and more convinced of the influence of contractions, more or less marked, in causing not only tedious and difficult labors, but also in the production of malpresentations and of many of the accidents of labor. At present there does not exist any extensive collection of female pelves by which a comprehensive study of this subject can be successfully undertaken. Feeling therefore the importance of such observation, the Society proposes to establish a museum having this object in view, and would therefore earnestly solicit such specimens of contracted pelves as may be in the possession of members of the medical profession who may be willing to yield the pleasure of individual possession in order to assist in forming a collection which will allow a wider and more comprehensive survey of this subject. If the original specimen can not be sent, casts or photographs are solicited. In certain cases possessing unusual interest the Society is prepared to offer a pecuniary recompense should this be desired.

"2. Recognizing the fact that various instruments designed for obstetric manipulations, or for the performance of operations in uterine surgery, having been superseded by new and improved models, now possess only an historical interest, the Society has determined to collect such instruments and preserve them as illustrating the progress of this branch of our art in America. We would also warmly urge upon the inventors of new or modified instruments, and upon surgical instrument-makers in general, the desirability of presenting to the Society specimens of instruments, pessaries, and special mechanical contrivances which they may be desirous of bringing before the profession.

"All objects, whether embraced in the first or second class, will be conspicuously placed in the museum of the Society, after having been labeled with an explanatory description and with the name of the donor. They will also be carefully preserved, open to the inspection of all interested in the support and advancement of obstetrics and the kindred branches of medicine.

"All objects for the museum may be sent to the secretary of the Society, Dr. J. V. Ingham, No. 1342 Spruce Street, Philadelphia, who will at once acknowledge their receipt, and will gladly furnish such additional information as may be desired.

"By order of the Society.

WM. GOODELL, M. D., *President.*

WM. F. JENKS, M. D., . .
J. V. INGHAM, M. D., . . } *Committee.*"
HORACE WILLIAMS, M. D.

A FATAL CASE OF CARBOLIC-ACID POISONING.—The following case is from the practice of Dr. Cowling, of this city:

A. B., aged sixty-six, of vigorous constitution, was operated upon for mammary schirrus, April 2d, and carbolized dressings applied to the wound. Traumatic fever set in on the second day, for which spirits of mindererus was prescribed. On the third day, the carbolic acid on hand being exhausted, four ounces more were ordered, and directions given for its proper dilution. At the morning visit, at eight o'clock, on the fourth day the patient was in a favorable condition. The temperature had fallen from 103° to 101°; skin moist and strength improved. At ten o'clock, her attendant aiming to give her a dose of the fever mixture, poured into a wine-glass a table-spoonful of pure carbolic acid, and adding about twice its bulk of water, gave it to her to drink. The attendant relates that as soon as the mixture was swallowed it came foaming out of the mouth, and the patient asked, "What is this you have given me? it burns." This was the last time she ever spoke. Looking then at the label on the bottle, and seeing a mistake had been made, the attendant passed her finger down the patient's throat, and endeavored

to make her vomit. Failing in this, she called to her neighbors to summon a physician. Dr. Frank Wilson was the first to arrive, and relates as follows:

"On Friday, April 4th, about ten A. M., was called in haste to see Mrs. B., who had taken by mistake, a few minutes before, a table-spoonful of carbolic acid. I saw her not more than five or ten minutes after the poison was administered, and she was then lying in an unconscious state, pupils contracted and insensible; breathing about 50 per minute; pulse 150, rather small, feeble, and intermittent; surface bathed in clammy perspiration. The mouth and throat, as far as could be seen, were whitened by the action of the carbolic acid; and pharynx and larynx were filled with mucus, giving rise to tracheal rales. She had a few minutes before I saw her swallowed two or three tea-spoonfuls of syr. ipecac. Calling for sweet-oil, I anointed the lips, cheeks, tongue, and throat as far as could be reached with the finger. An attempt was made to get her to swallow oil and white of egg, but failed. The stomach-tube was then passed down the œsophagus and a pint of oil and albumen pumped into the stomach, and after remaining a short time was withdrawn. No odor of carbolic acid could be detected about it, from which it was inferred that the carbolic acid expended its force before reaching the stomach. Two ounces of whisky were then thrown into the stomach, and the tube withdrawn. The pulse was 160 and a good deal weaker, still intermittent; temperature normal; respiration somewhat quicker; pupils contracted and insensible; countenance indicating a cyanosed condition; the superficial veins of the head distended. Oxygen gas was then administered, under which the breathing became fuller, the pulse a little stronger, and was reduced to 140 or 150; but consciousness did not return, and the breathing was still greatly obstructed by the mucus accumulated in lungs and trachea. Tracheotomy was proposed, but the amount of laryngeal obstruction did not seem to warrant it. Trans-

fusion was also suggested, but objected to on the ground that the violence of the poison seemed to have been expended on the nervous centers to such an extent that the transfusion of fresh blood would be useless. She gradually sank, the pulse becoming flickering, the extremities cold and breathing superficial, and died about twelve M., two hours after taking the poison.

MEDICAL JOURNALS—WANTED.—Some of our readers must surely have some of the missing journals asked for in the advertisement, to be found on another page, of the Surgeon-General of the United States Army; and, having them, they will do a service to the medical public by sending them to Washington.

THE HART COUNTY (KY.) MEDICAL SOCIETY.—This new organization, composed of some of the best physicians in the state, met at Munfordville March 19th, when Dr. H. Gardner was elected president, Dr. P. C. Sutphin vice-president, Dr. W. Adair recording secretary, Dr. W. W. Bowling corresponding secretary, and Dr. C. J. Walton treasurer.

The secretary has kindly sent a report of the scientific work done, which for the want of space we must condense into a very few lines.

Dr. Gardner reported a case of *Vaginal Occlusion*, with labor at full term. The cause of the occlusion was found to consist in an imperforate hymen, resisting all efforts at rupture by the finger, preventing delivery for a considerable length of time, and only permitting it after being partially divided by the knife. The woman subsequently died from a vaginal rupture occasioned by the hymen. Dr. G. regretted that he had not made earlier and freer incisions, and would certainly do so under similar circumstances again. He thought the case remarkable for the persistent resistance of the hymen, yielding neither to the fingers nor to the strong action of the child's

head pressing upon it, and requiring the use of the knife before it would give way.

Puerperal Convulsions.— Dr. Walton reported a case of this frightful malady, and gave it as the result of his observation that the affection prevailed generally only in extreme conditions, either hot or cold, of the atmosphere.

A long and animated discussion followed the question whether physicians in attendance on small-pox can themselves become the medium of contagion? in which the vice-president and most of the members present took part.

Metastatic Erysipelas.— Dr. Adair stated that he had recently seen a child attacked with erysipelas where the disease leaving the surface developed peritonitis, which proved rapidly fatal.

Dr. Josiah C. Nott.— This distinguished surgeon died at Mobile March 31st, on the morning of his seventieth birthday. Dr. Nott was born at Columbia, S. C. He graduated in medicine at the University of Pennsylvania; demonstrated anatomy for several years in connection with the Philadelphia Almshouse; visited Europe; and returning settled in Mobile in 1833. Here he at once acquired an extensive practice, and made himself felt in the profession of the entire country as a bold, original thinker and a vigorous writer. In 1856 he occupied for a short time the chair of anatomy in the University of Louisiana. Two years later he established the Medical College of Alabama in Mobile, his own name securing to it from the start a place among the best institutions in the country, and his teachings in surgery lending it a peculiar attraction to students throughout all the southern states.

With the fall of Fort Sumter in 1861 he took service in the army of the Confederacy, and filled with distinction the highest positions in its medical department. At the close of the war he was driven by impaired health to leave the

beautiful city where he had spent so many years of his life and seek a more northern climate. He went to Baltimore, where his good name had long preceded him, and immediately took a commanding position in his profession. A year after he was persuaded to remove to New York, since which time he has been recognized as one of the leading gynecologists in that great city.

Dr. Nott was no common man. As a surgeon he was original, bold, collected, dexterous; as a lecturer, fluent, earnest, striking; as a writer, scholarly and forcible; as a man, independent, dignified, kindly, genial; and as a friend, steadfast, sympathetic, and true. His death will be deplored as a public calamity.

Dr. Charles M. Way. — It was known to the friends of this most amiable and estimable gentleman that he had been for a number of years in declining health, and that for two years past he has been almost wholly confined to his house, so that the end which came April 8th, shortly after he had entered on his seventy-third year, was not unexpected by those who had long watched the decay of his powers.

Dr. Way was born in Springfield, Ky. He graduated in Transylvania University, and engaged at once in the practice of his profession. Of pleasing person and address, united with cordial manners and that confidence in the healing power of medicine which imparted boldness to him as a practitioner, he won at once upon the people. For many years past he had virtually surrendered his profession, but he remained to the last always alive to whatever affected its character and interests. If the citizens of Louisville were asked, one by one, who of all the men that have adorned our city in the last thirty years was first in intellect, in professional standing, in usefulness, in public spirit, no doubt many different answers would be returned to the questioner. But if they were asked who of all the men they have met with in this world was in

their opinion the most hospitable, the most unselfish, the most considerate of the interests and feelings of his friends, we believe that those who knew Dr. Way intimately would declare unhesitatingly for him.

EPITAPHS.—Good Lord! Our sterling contemporary, the Edinburgh Medical Journal, occasionally admits a bit of pleasantry, as witness the following from one of its correspondents:

EPITAPH ON SIR FIELDING OULD, M. D.,

An eminent Midwifery Practitioner in Dublin in the last century.

"Sir Fielding Ould was made a Knight.
He should have been a Lord by right;
For then each lady's prayer would be,
O Lord! good Lord! deliver me."

EPITAPH ON PAT M'CARTY.

Beneath this stone lies Pat McCarty,
In humble hope to rise in glory.
His doctor's name was Moriarty,
Who soon obliged him *ante mori.*